

P.O. Box 195 Claypool, Arizona

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 206
Registered No. 136

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Warrior Siding or Village _____
City Miami No. 78 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Allen Doyle Stubblefield (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth March 27 1929
Month Day Year

8. FATHER Full name James Arthur Stubblefield 14. MOTHER Full maiden name Bessie Schmidt

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 38 (Years) 16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) _____ (State or country) Tennessee 18. Birthplace (city or place) _____ (State or country) Kansas

13. Occupation Carpenter Nature of industry Copper mine 19. Occupation Housewife Nature of industry _____

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. H. Miller
MD
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Apr 5 1929 C. E. Jordan
Registrar. Registrar.

124-327-423